Complete Summary

GUIDELINE TITLE

Seborrhoeic dermatitis.

BIBLIOGRAPHIC SOURCE(S)

Finnish Medical Society Duodecim. Seborrhoeic dermatitis. In: EBM Guidelines. Evidence-Based Medicine [Internet]. Helsinki, Finland: Wiley Interscience. John Wiley & Sons; 2007 Apr 19 [Various].

GUIDELINE STATUS

This is the current release of the guideline.

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COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Seborrhoeic dermatitis

GUIDELINE CATEGORY

Diagnosis
Management
Treatment

CLINICAL SPECIALTY

Dermatology
Family Practice
Internal Medicine

INTENDED USERS

Health Care Providers
Physicians

GUIDELINE OBJECTIVE(S)

Evidence-Based Medicine Guidelines collects, summarizes, and updates the core clinical knowledge essential in general practice. The guidelines also describe the scientific evidence underlying the given recommendations.

TARGET POPULATION

Patients with or suspected to have seborrhoeic dermatitis

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis

Assessment of clinical features

Treatment/Management

1. Remove the thick scales and decrease the amount of sebum with cream containing salicylic acid and sulphur
2. Decrease fungal growth (ketoconazole or selenium sulphide shampoo, topical treatment with creams containing imidazole derivatives, antimycotic, ultraviolet light)
3. Use symptomatic topical treatment (corticosteroid liniments or creams, moisturizing emollients)

MAJOR OUTCOMES CONSIDERED

- Signs and symptoms of seborrhoeic dermatitis
- Relapse rates after treatment

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The evidence reviewed was collected from the Cochrane database of systematic reviews and the Database of Abstracts of Reviews of Effectiveness (DARE). In addition, the Cochrane Library and medical journals were searched specifically for original publications.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

A. **Quality of Evidence: High**

Further research is very unlikely to change confidence in the estimate of effect

- Several high-quality studies with consistent results
- In special cases: one large, high-quality multi-centre trial

B. **Quality of Evidence: Moderate**

Further research is likely to have an important impact on confidence in the estimate of effect and may change the estimate.

- One high-quality study
- Several studies with some limitations

C. **Quality of Evidence: Low**

Further research is very likely to have an important impact on confidence in the estimate of effect and is likely to change the estimate.

- One or more studies with severe limitations

D. **Quality of Evidence: Very Low**

Any estimate of effect is very uncertain.

- Expert opinion
- No direct research evidence
- One or more studies with very severe limitations

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The levels of evidence [A-D] supporting the recommendations are defined at the end of the "Major Recommendations" field.

Epidemiology

- Usually occurs in adults (aged 18 to 40 years) in areas rich in sebaceous glands
- Men are more commonly affected than women.

Symptoms and Signs

Sites of Predilection

- Affected skin areas in order of frequency
    - Scalp (see pictures 1 & 2*)
    - Face (see picture 3*); eyebrows, nasolabial creases (see picture 4*), "sideburn" (see pictures 5 & 6*)
    - Ears and ear canals

- Mid-upper parts of the chest and back ("perspiration creases") (see picture 7*)
- Buttock crease (see picture 8*), inguinal area (see picture 9*), genitals (see picture 10*), and armpits (see picture 11*)
- Only rarely becomes generalized

Clinical Picture

- Greasy or dry scaling of the scalp, sometimes a "cradle cap" (see picture 12*)
- Mildly scaling eczematous patches on the face at typical locations, often with itch and stinging
- Itch and inflammation of the ear canal
- Blepharitis
- Well-demarcated eczematous patches on mid-upper trunk.
- Intertrigo

Aetiology and Pathophysiology

- Increased layer of sebum on the skin, quality of the sebum, and the immunological response of the patient favour the growth of Pityrosporum yeast.
- Degradation of the sebum irritates the skin and causes eczema.

Diagnosis

- Based on the typical clinical presentation and location of the eczema
- In psoriasis (see the Finnish Medical Society Duodecim guideline "Psoriasis") the scales are thicker, and the sites of predilection are different (elbows, knees). Psoriasis often has a familial occurrence.

Treatment

- The treatment does not cure the disease permanently. Therefore it must be repeated when the symptoms recur, or even prophylactically (Peter & Richarz-Barthauer, 1995; Gee, 2005) [**A**].

Removing the Thick Scales and Decreasing the Amount of Sebum

- The scales can be softened with a cream containing salicylic acid and sulphur (but not Vaseline) or by wetting and washing.
- Seborrhoeic skin should be washed more often than usual.

Decreasing Fungal Growth

- Washing the scalp with ketoconazole shampoo (Peter & Richarz-Barthauer, 1995; Gee, 2005) [**A**] or selenium sulphide shampoo (Gee, 2005) [**B**]
- Topical treatment with creams containing imidazole derivatives
- Antimycotic on skin creases (rarely necessary)
- Sometimes ultraviolet light therapy

Symptomatic Topical Treatment

- Corticosteroid liniments for the scalp (from mild to potent) (Hersle, Mobacken, & Nordin, 1996) [**C**]
- Corticosteroid creams for other parts of the body (from mild to potent)
- Moisturizing emollients after washing
- Ketoconazole shampoo and corticosteroid liniments must often be combined in therapy-resistant cases.

***Note**: All pictures identified in this summary can be found in the original guideline document (see "Guideline Availability" field).

Definitions:

Levels of Evidence

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CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

References open in a new window

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

Concise summaries of scientific evidence attached to the individual guidelines are the unique feature of the Evidence-Based Medicine Guidelines. The evidence summaries allow the clinician to judge how well-founded the treatment recommendations are. The type of supporting evidence is identified and graded for select recommendations (see the "Major Recommendations" field).

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate diagnosis, management, and treatment of seborrhoeic dermatitis

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2001 Apr 21 (revised 2007 Apr 19)

GUIDELINE DEVELOPER(S)

Finnish Medical Society Duodecim - Professional Association

SOURCE(S) OF FUNDING

Finnish Medical Society Duodecim

GUIDELINE COMMITTEE

Editorial Team of EBM Guidelines

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Primary Author: Eero Lehmuskallio

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

This guideline is included in a CD-ROM titled "EBM Guidelines. Evidence-Based Medicine" available from Duodecim Medical Publications, Ltd, PO Box 713, 00101 Helsinki, Finland; e-mail: info@ebm-guidelines.com; Web site: www.ebm-guidelines.com.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

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